Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

10783997

Effective October 1, 2003									,				
CLAIMS AS FILED - PART I (Column 1) (Column 2)							•.	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
	TOTAL CLAIM	S ·.						TE	FEE	۳ ٪	RATE	FEE	
11-		8	8					·	-		ļ		
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	385.00	OR	BASIC FEE	770.00	
Ľ	OTAL CHARGE	8 minus 20=		<u>*</u> • •		X\$	9=		OR	·X\$18=			
IN	DEPENDENT (CLAIMS	2 minus 3 =		Φ		X4	3=		OR	X86=		
М	MULTIPLE DEPENDENT CLAIM PRESENT							 15=	·	OR	+290=		
* (* If the difference in column 1 is less than zero, enter "0" in column 2								385	OR	TOTAL		
	(TO		L	J	OTHER	THAN						
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY OR SMALL ENTITY					
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	. ADDI- TIONAL FEE	
	Total	*	Minus	**		= .	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X4:	3=		OR	X86=		
	FIRST PRESI	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+14	5=		OR	+290=		
								OTAL		1	TOTAL		
		(Calumn 1)		(Calum	. 01	(Column 3)	ADDIT.	FEE [Jon	ADDIT. FEE		
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	(Colum HIGHE NUMB PREVIO PAID F	ST ER USLY.	PRESENT EXTRA	RAT	Е	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	9=		OR	X\$18=		
	Independent	*	Minus ⁻	***		=	X43	=		OR	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
		•					+145			OR	+290= TOTAL		
	•						ADDIT.	TAL FEE L		OR A	DOIT FEE		
· ,		(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Colum		(Column 3)							
ᇎᅡ		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	RAT		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	** .		=	X\$ 9	<u> </u>		OR	X\$18=		
	Independent	*	Minus	***		=	X4:3:	_			X86=		
∢	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM					OR	7.00-		
		,.					+145	=		OR .	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20," ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
(I	uie Highest Nun 1e "Highest Numt	nber Previously Pai per Previously Paid	a For IN THIS For" (Total or I	ndependent	ess inan) is the f	o, enter o. righest number f	ound in the	appro	priate box i	in colur	nn 1.		